10/23/2008 10:23

Image# 28934063418

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORW 3X	For Other Than A	n Authorized Comm	nittee		Office Use Only	
1. NAME OF COMMITTEE (in full)	USE FEC MAILING LA	Example. II ty			, , , ,	
American Hospital Associat	ion PAC					
ADDRESS (number and street)	325 Seventh Street,	NW 				
Check if different	Suite 700					
than previously reported. (ACC)	Washington			DC	20004	
2. FEC IDENTIFICATION NU	MBER ₩	CITY 🛕	ST	ATE 🛋	ZIPCOD	E 🛕
C00106146		3. IS THIS REPORT	NEW (N) OR	AN (A)	MENDED )	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)  Mar 20 (M3)	May 20 (M5)	H	20 (M8) 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:	<u> </u>	i '	1	H .	H	(Non-Election ' Year Only)
April 15 Quarterly Report(	Q1)	Apr 20 (M4)	Jul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
July 15 Quarterly Report(	(c) 12-Day PRE-Elec	Primary (	12P) X	General (	12G)	Runoff (12R)
October 15 Quarterly Report(	Report for	r the: Convention	on (12C)	Special (	12G)	
January 31 Quarterly Report(		Election on 11	04 20	0 0 8	in the State of	DC
July 31 Mid-Year Report(Non-electi Year Only) (MY)	ion (d) 30-Day Post -Ele Report for		(30G)	Runoff (3	0R)	Special (30S)
Termination Repo	rt   Report for	Election on			in the State of	
5. Covering Period 1	0 01 20	0 8 throug	gh 10	15	2008	
I certify that I have examined this	Report and to the best of	f my knowledge and belief	it is true, correct an	d complete.		
Type or Print Name of Treasurer	Ms. Melinda Hattor	1				
Signature of Treasurer Ele <u>ctr</u>	ronically Filed by Ms. M	lelinda Hatton	Dat	e 10	23	2008
NOTE : Submission of false, erro	oneous, or incomplete info	ormation may subject the p	person signing this I	Report to the	penalties of 2 U.S	.C 437g.
Office Use					FEC FORM	

FE6AN026

FEC Form 3X (Rev. 02/2003)

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

American Hospital Association PAC		
ort Covering the Period: From:	01 2008	To: DDD 2008
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
) Cash on Hand January 1 Ž008 Y Y		1507360.96
Cash on Hand at Begining of Reporting Period	1335725.83	
) Total Receipts (from Line 19)	98584.48	1183376.84
) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1434310.31	2690737.80
otal Disbursements (from Line 31)	67618.84	1324046.33
ash on Hand at Close of eporting Period ubtract Line 7 from Line 6(d))	1366691.47	1366691.47
ebts and Obligations owed TO e committee (Itemize all on	0.00	
chedule C and/or Schedule D)	0.00	
ebts and Obligations owed BY e committee (Itemize all on	0.00	
	ort Covering the Period:  From:  1 0  Cash on Hand January 1  Cash on Hand at Begining of Reporting Period	COLUMN A This Period  Cash on Hand January 1  Cash on Hand at Begining of Reporting Period

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name American Hospital Association PAC

Report Covering the Period:

м м 1 0

From:

01

2008

м м 1 0

<sup>D</sup> 15

<sup>y</sup> 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	56113.69	471003.13
(ii) Unitemized	24570.79	260071.79
(iii) TOTAL (add Lines 11(a)(i) and (ii)	80684.48	731074.92
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	975.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	80684.48	732049.92
Transfers From Affiliated/Other     Party Committees	17900.00	419060.33
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	28000.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	4266.59
8. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	98584.48	1183376.84
0. Total Federal Receipts (subtract Line 18(c) from Line 19)	98584.48	1183376.84

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEM		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ul> <li>Operating Expenditures</li> <li>(a) Shared Federal/No</li> </ul>			
Activity (from Sche		0.00	0.00
(i) Federal Share	)		
(ii) Non-Federal	Share	0.00	0.00
(b) Other Federal Ope		269.94	103131.25
Expenditures (c) Total Operating Ex		368.84	103131.23
	and (b))	368.84	103131.25
2. Transfers to Affiliated/C			
Committees		0.00	0.00
Federal Candidates/Con	nmittees	67250.00	1129700.00
<ul><li>and Other Political Com</li><li>Independent Expenditure</li></ul>		07200.00	
(use Schedule E)		0.00	88000.00
<ol> <li>Coordinated Expenditur Committees (2 U.S.C. 4 (use Schedule F)</li> </ol>	es Made by Party 41a(d))	0.00	0.00
(use Schedule F)			
6. Loan Repayments Made	<b>9</b>	0.00	0.00
		0.00	0.00
<ol> <li>Loans Made</li> <li>Refunds of Contribution</li> </ol>		0.00	0.00
(a) Individuals/Person	s Other mittees	0.00	804.75
		0.00	0.00
<ul><li>(b) Political Party Com</li><li>(c) Other Political Cor</li></ul>		0.00	0.00
` '	imittees	0.00	1560.33
(d) Total Contribution			
(add Lines 28(a), (	b), and (c))	0.00	2365.08
O. Other Disbursements		0.00	850.00
Federal Election Activit	/ (2 LLS C 431(20))		
(a) Shared Federal Ele			
(from Schedule H6		0.00	0.00
(i) Federal Share		0.00	0.00
(ii) "Levin" Share .		0.00	0.00
(b) Federal Election Ad		0.00	0.00
With Federal Fund	3	0.00	0.00
(c) Total Federal Elect	on Activity (add	0.00	0.00
Lines 30(a)(i), 30	a)(ii) and 30(b))		
. Total Disbursements (a	dd Lines 21(c) 22		
23, 24, 25, 26, 27, 28(	` '	67618.84	1324046.33
20, 2 ., 20, 20, 21, 20(	-,, =0 a 00(0)/		
. Total Federal Disburse	ements		
(subtract Line 21(a)(ii)	1 / 1 /	2721221	1001015.55
from Line 31)		67618.84	1324046.33

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	80684.48	732049.92
34.	Total Contribution Refunds (from Line 28(d))	0.00	2365.08
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	80684.48	729684.84
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	368.84	103131.25
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	368.84	103131.25

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PAC	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Richard Aubut Mailing Address 55 Fogg Road  City South Weymouth  FEC ID number of contributing federal political committee.  Name of Employer South Shore Hospital  Receipt For: Primary General	State Zip Code MA 02190-2432  C  Occupation President and Chief Executive Officer Aggregate Year-to-Date   500.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Terry W Andrus Mailing Address 414 N. 10th Street  City Opelika  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code AL 36801-5452  C	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
East Alabama Medical Center  Receipt For:  Primary General  Other (specify)	President  Aggregate Year-to-Date ▼  1000.00	Date of Receipt
Mailing Address 2190 Springwood D  City  Auburn  FEC ID number of contributing federal political committee.  Name of Employer East Alabama Medical Center	State Zip Code AL 36830-7200  C  Occupation Asst. VP/Controller	Transaction ID: 15976973  Amount of Each Receipt this Period  1000.00
Receipt For:  Primary General  Other (specify)   SUBTOTAL of Receipts This Page (optional	Aggregate Year-to-Date ▼ 1000.00	2500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule( for each category of the Detailed Summary Page	(crieck offly offe)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	statements may not be sold or used by any name and address of any political commit	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Christopher Clark Mailing Address 13045 Sawyer Drive  City Opelika	State Zip Code AL 36801	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer East Alabama Medical Cent-	Occupation	Amount of Each Receipt this Period  1000.00
er Receipt For: Primary General Other (specify)	Assistant Vice President  Aggregate Year-to-Date ▼  1000.0	
Full Name (Last, First, Middle Initial) Mr. Gregory Nichols Mailing Address 22136 Veterans Memo	orial Pkwy	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15976975
<u>Lafayette</u>	AL 36862-3022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer East Alabama Medical Cent- er	Occupation Assistant Vice President, Operation	tions
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	0
Full Name (Last, First, Middle Initial) Mr. Ken Lott		Date of Receipt
Mailing Address 1567 Oak Hill Circle		10 01 2008
City	State Zip Code	Transaction ID: 15976976
Auburn	AL 36832-6798	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer East Alabama Medical Cent- er	Occupation Vice President, Operations	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.0	0
SUBTOTAL of Receipts This Page (optional) .		3000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Sam Price		Date of Receipt
Mailing Address 2000 Pepperell Park	•	10 01 2008
City <u>Opelika</u>	State Zip Code  AL 36802-3201	Transaction ID: 15976980  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer East Alabama Medical Cent-	Occupation Vice President, Finance	
er Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ms. Carey M. Owen		Date of Receipt
Mailing Address 2520 Springwood Dr	ve	10 01 2008
City	State Zip Code	Transaction ID: 15976981
Auburn	AL 36830-7236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer East Alabama Medical Cent- er	Occupation Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ms. Laura Grill		Date of Receipt
Mailing Address 2000 Pepperell Park	way	10 DD / YYYYY 2008
City <u>Opelika</u>	State Zip Code AL 36801-5422	Transaction ID: 15976982
FEC ID number of contributing federal political committee.	AL 36801-5422	Amount of Each Receipt this Period  1000.00
Name of Employer East Alabama Medical Cent- er	Occupation Vice President, Patient Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
	_1	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 87 (check only one)    X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any pename and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Michael Lisenby Mailing Address 807 Laurel Street  City Opelika FEC ID number of contributing federal political committee.  Name of Employer East Alabama Medical Center Receipt For:	State Zip Code AL 36801-3519  C  Occupation Chief Medical Officer  Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y  1 0 1 2 0 0 8  Transaction ID: 15976983  Amount of Each Receipt this Period  1000.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) John T Chitton  Mailing Address 229 Lee Road 716	1000.00	Date of Receipt
City	State Zip Code	1 0 0 1 2 0 0 8  Transaction ID: 15976984
Auburn  FEC ID number of contributing federal political committee.	AL 36830-8534	Amount of Each Receipt this Period  1000.00
Name of Employer East Alabama Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Vice President/CIO  Aggregate Year-to-Date   1000.00	1
Full Name (Last, First, Middle Initial) Ms. Janice Baker		Date of Receipt
Mailing Address 1798 Ogletree Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Auburn	State Zip Code AL 36830-7258	Transaction ID: 15976993  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer East Alabama Medical Cent- er	Occupation Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	•
SUBTOTAL of Receipts This Page (optional)		3000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 87 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PA	nd Statements may not be sold or used by any po g the name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Jane Robertson Mailing Address 2161 Wedgewood	Court	Date of Receipt
City Auburn FEC ID number of contributing	State Zip Code AL 36830-2582  C	Transaction ID: 15976994  Amount of Each Receipt this Period  1000.00
Receipt For:  Primary  Other (specify) ▼  Rederal political committee.  Receipt For:  General  Other (specify) ▼	Occupation Asst. V.P.  Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial) Mr. Wayne H. Poe Mailing Address 4293 Al Hwy. 169		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Opelika  FEC ID number of contributing federal political committee.	State Zip Code AL 36804	Transaction ID: 15976995  Amount of Each Receipt this Period  1000.00
Name of Employer East Alabama Medical Center Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Vice President & Administration  Aggregate Year-to-Date   1000.00	'.
Full Name (Last, First, Middle Initial) Carol Murphey  Mailing Address 2710 Rocky Brook	Rd.	Date of Receipt
City  Opelika  FEC ID number of contributing federal political committee.	State Zip Code AL 36801-2132	Transaction ID: 15976996  Amount of Each Receipt this Period  1000.00
Name of Employer East Alabama Medical Center Receipt For:  Primary General Other (specify) ▼	Occupation Asst. VP/ Outside Operations  Aggregate Year-to-Date   1000.00	
SUBTOTAL of Receipts This Page (option	al)	3000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 87 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAC	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Linda U Jordan  Mailing Address 37 McDaniel Road  City	State Zip Code	Date of Receipt    M M
Cragford  FEC ID number of contributing federal political committee.	AL 36255-6502	Amount of Each Receipt this Period 1000.00
Name of Employer Clay County Hospital  Receipt For:  Primary General Other (specify) ▼	Occupation Administrator  Aggregate Year-to-Date   2000.00	
Full Name (Last, First, Middle Initial) Mr. Thomas H. Hale, M.D.  Mailing Address 12749 Topping Acre	98	Date of Receipt  10 01 2008
City	State Zip Code	Transaction ID: 15977009
Saint Louis	MO 63131-1435	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St. John's Mercy Health Care Receipt For:	Occupation President, Mercy Medical Group  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. David R Lincoln		Date of Receipt
Mailing Address 420 Bedford Street		10 01 2008
City	State Zip Code	Transaction ID: 15977094
Lexington  FEC ID number of contributing federal political committee.	MA 02420-1508	Amount of Each Receipt this Period  350.00
Name of Employer Covenant Health Systems, Inc.	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optiona		1600.00

Name of Employer Hennepin County Medical Center Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Matthew Anderson, JD  Mailing Address 2550 University Avenue W  City Saint Paul  FEC ID number of contributing federal political committee.	nents may not be sold or used by any person e and address of any political committee to sold or used by any person e and address of any political committee to sold or used by any person e and address of any political committee to sold or used by any person e and address of any political committee to sold or used by any person e and address of any political committee to sold or used by any person e and address of any political committee to sold or used by any person e and address of any political committee to sold or used by any person e and address of any political committee to sold or used by any person e and address of any political committee to sold or used by any person e and address of any political committee to sold or used by any person e and address of any political committee to sold or used by any person e and address of any political committee to sold or used by any person e and address of any political committee to sold or used by any person e and address of any political committee to sold or used by any person e and address of any political committee to sold or used by any person e and address of a any person e an	Date of Receipt    Date of Receipt   1 0
Ms. Lynn M Abrahamsen  Mailing Address 701 Park Avenue South  City  Minneapolis  FEC ID number of contributing federal political committee.  Name of Employer Hennepin County Medical Center  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Matthew Anderson, JD  Mailing Address 2550 University Avenue W  City  Saint Paul  FEC ID number of contributing federal political committee.	MN 55415-1829	10 03 7 9 9 9
Minneapolis  FEC ID number of contributing federal political committee.  Name of Employer Hennepin County Medical Center  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Matthew Anderson, JD  Mailing Address 2550 University Avenue W  City Saint Paul  FEC ID number of contributing federal political committee.	MN 55415-1829	Transaction ID: 15979940
FEC ID number of contributing federal political committee.  Name of Employer Hennepin County Medical Center Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. Matthew Anderson, JD Mailing Address 2550 University Avenue W  City Saint Paul  FEC ID number of contributing federal political committee.		
Center Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Matthew Anderson, JD  Mailing Address 2550 University Avenue W  City Saint Paul  FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period  500.00
Mr. Matthew Anderson, JD  Mailing Address 2550 University Avenue W  City  Saint Paul  FEC ID number of contributing federal political committee.  Name of Employer	Occupation Administrator Aggregate Year-to-Date ▼  500.00	<b>-</b> -
Saint Paul  FEC ID number of contributing federal political committee.  Name of Employer		Date of Receipt  1 0 0 3 2 0 0 8
Saint Paul  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code	Transaction ID: 15979941
federal political committee.  Name of Employer	MN 55114-1052	Amount of Each Receipt this Period
	С	220.00
ation	occupation fice Pres, Regulatory/Strategic Affair	<u></u>
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 277.99	
Full Name (Last, First, Middle Initial) Mr. Bruce J. Rueben		Date of Receipt
Mailing Address 306 East College Avenue		10 03 YYYY 2008
City	State Zip Code	Transaction ID: 15979964
<u>Tallahassee</u>	FL 32301-1522	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Florida Hospital Associat- ion	Occupation President	]
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 414.59	
SUBTOTAL of Receipts This Page (optional)		770.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 87 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any person the name and address of any political committee to a	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Ms. Karen J Kellie, , R.N.		Date of Receipt
Mailing Address 3960 Campbell Road		10 03 YYYY 2008
City	State Zip Code	Transaction ID: 15980610
New Meadows	ID 83654-5031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer McCall Memorial Hospital	Occupation President and Administrator	
Receipt For: Primary General	Aggregate Year-to-Date ▼ 500.00	
Other (specify) $\blacktriangledown$	300.00	
Full Name (Last, First, Middle Initial) Mr. Craig M Ames, FACHE		Date of Receipt
Mailing Address 6511 Mesaverde Driv	e	M M / D D / Y Y Y Y Y Y Y 1 0 0 3 2 0 0 8
City	State Zip Code	Transaction ID: 15980959
Lincoln	NE 68510-5155	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer BryanLGH Medical Center	Occupation President and Chief Operating Officer	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Fred J Meis	_L	Date of Receipt
Mailing Address P O Box 'N'		10 03 YYYYY 10 03
City	State Zip Code	Transaction ID: 15980960
Syracuse	NE 68446-0518	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Community Memorial Hospit- al	Occupation Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 87 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PAC	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Harold L Krueger, , Jr.  Mailing Address 525 Main Street			Date of Receipt
City Chadron FEC ID number of contributing	State NE	Zip Code 69337	Transaction ID: 15980961  Amount of Each Receipt this Period
federal political committee.  Name of Employer Chadron Community Hospital and Health Receipt For:  □ Primary □ General □ Other (specify) ▼		n ecutive Officer e Year-to-Date ▼	350.00
Full Name (Last, First, Middle Initial) Ms. Claudia Eisenmann Mailing Address 10326 Hwy. 10			Date of Receipt  1 0 0 3 2 0 0 8
City	State	Zip Code	Transaction ID: 15980973
Dickinson	ND	58601-9570	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer St. Joseph's Hospital and Health Cente Receipt For:	Occupatio Presiden		
Primary General Other (specify) ▼	Aggregate	350.00	
Full Name (Last, First, Middle Initial) Ms. Mary C. Becker			Date of Receipt
Mailing Address 7800 South Eagle R	load		10 03 2008
City	State	Zip Code	Transaction ID: 15981007
Columbia	MO	65203-9017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		19.35
Name of Employer Missouri Hospital Associa- tion	<del>- ' '</del>	P, Commc. & Health Improv	ement
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional	)		719.35

SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 87 (check only one)    X
		atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMM American Hospi	TTEE (In Full) tal Association PAC			
Full Name (Last, F Mr. Dwight L. Fine	rst, Middle Initial)			Date of Receipt
-	12675 Riviera Heights F			10 03 2008
City Holts Summit		State MO	Zip Code 65043-2039	Transaction ID: 15981011
FEC ID number of federal political cor		C	63043-2039	Amount of Each Receipt this Period  55.48
Name of Employer Missouri Hospital A	Associa-	Occupation Sr. Vice I	n President, Health Policy	
Receipt For: Primary Other (specif	General y) <b>▼</b>		Year-to-Date ▼ 1000.00	
Full Name (Last, F Mr. Daniel R. Lando	<u>,</u>			Date of Receipt
	611 Belridge Drive P.O. Box 60			10 03 2008
City <u>Jefferson City</u>		State MO	Zip Code 65109-0755	Transaction ID: 15981015
FEC ID number of federal political cor		C	03103-0733	Amount of Each Receipt this Period  19.35
Name of Employer Missouri Hospital A tion	Associa-	Occupation Sr. Vice I	n President, Governmental Re	
Receipt For:		Aggregate	Year-to-Date <b>V</b>	
Primary Other (specif	General y) <b>▼</b>		350.00	
Full Name (Last, F Ms. Kathleen C. Pof				Date of Receipt
Mailing Address	5119 Coventry Waye			10 03 2008
City		State	Zip Code	Transaction ID: 15981019
Jefferson City		MO	65101-8284	Amount of Each Receipt this Period
FEC ID number of federal political cor		C		19.35
Name of Employer Missouri Hospital A tion	Associa-	-	ce President & CFO	
Receipt For: Primary Other (specif	General y) <b>▼</b>	Aggregate	Year-to-Date ▼ 350.00	
SUBTOTAL of Rece	pts This Page (optional)		_	94.18

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  Any information copied from such Reports ar	for each category of the Detailed Summary Page	FOR LINE NUMBER:
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PAG	the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  A. Mr. Marc D. Smith		Date of Receipt
Mailing Address 5612 Tanner Bridge	e Road	10 03 7 4 9 9
City	State Zip Code	Transaction ID: 15981027
Jefferson City	MO 65101-8275	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.48
Name of Employer Missouri Hospital Associa- tion	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Joseph E Morris		Date of Receipt
Mailing Address 2003 Lincoln Way		10 06 2008
City	State Zip Code	Transaction ID: 15983719
Coeur D Alene	ID 83814-2611	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Kootenai Medical Center	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Joseph Messmer	<b>'</b>	Date of Receipt
Mailing Address 1512 12th Avenue	Road	10 06 2008
City	State Zip Code	Transaction ID: 15983720
Nampa	ID 83686-6008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Mercy Medical Center	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	ıl)	1055.48

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 87 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Full Name (Last, First, Middle Initial) Mr. Randolph Harrison			Date of Receipt
Mailing Address 3980 Hidden Acres Ci	ircle		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15984193
North Fort Myers	FL	33903-7100	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Memorial Medical Center	Occupatio Trustee	n	7
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	33 13 111	250.00	
Full Name (Last, First, Middle Initial) Mr. Steve Altmiller			Date of Receipt
Mailing Address 801 West Maple Stree	et		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15984195
Farmington	NM	87401-5698	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer San Juan Regional Medical Center	Occupatio Presiden	n t and Chief Executive Office	 r
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Belinda Brown Cooper	1		Date of Receipt
Mailing Address 121 Clear Creek Road	b		10 10 2008
City	State	Zip Code	Transaction ID: 15990006
Langhorne	PA	19047-2306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5.00
Name of Employer New Jersey Hospital Assoc- iation	Occupatio Vice Pre	n sident, Human Resources	7
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		215.00	
SUBTOTAL of Receipts This Page (optional) .	1		755.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins		Date of Receipt
Mailing Address 6180 Lower Mountain F	Road	10 10 YYYYY 10 10 2008
City	State Zip Code	Transaction ID: 15990015
New Hope	PA 18938-5760	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.42
Name of Employer New Jersey Hospital Assoc-	Occupation	
<u>iation</u>	Sr. VP., Health Economics	4
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 278.77	
Full Name (Last, First, Middle Initial) Mr. Fredrick J. Jacobs		Date of Receipt
Mailing Address 760 Alexander Road		M M / D D / Y Y Y Y Y Y Y 1 0 1 0 1 0 2 0 0 8
City	State Zip Code	Transaction ID: 15990017
Princeton	NJ 08540-6305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5.00
Name of Employer New Jersey Hospital Association	Occupation General Counsel	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) Mr. Stephen Kolesk		Date of Receipt
Mailing Address 155 York Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15990020
Delran	NJ 08075-2217	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Virtua Health	Occupation Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		280.42

TEMIZED RECEIPTS		for each category of the	
		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. John K Lloyd			Date of Receipt
Mailing Address 11 Mohawk Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15990023
Oceanport	NJ	07757-1619	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Meridian Health	Occupation	n t and Chief Executive Officer	
Receipt For:	<del>- '</del>	Year-to-Date   Year-to-Date	_
Primary General	, iggregate		1
Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Mr. Roger D. Sarao, Jr.			Date of Receipt
Mailing Address 4 Poppy Lane			10 10 2008
City	State	Zip Code	Transaction ID: 15990035
Howell	NJ	07731-1451	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5.00
Name of Employer New Jersey Hospital Assoc- iation	Occupation VP Healt	n h Economics	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 215.00	
Full Name (Last, First, Middle Initial) Ms. Valerie Sellers			Date of Receipt
Mailing Address 82 Millers Grove Road	d		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15990036
Belle Mead	NJ	08502-4306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5.00
Name of Employer New Jersey Hospital Assoc- iation	Occupation Senior V.	n P., Health Planning & Resea	ar¢
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		340.00	
SUBTOTAL of Receipts This Page (optional)			510.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Sister Sheila Lyne Mailing Address 2525 South Michigan	Avenue	Date of Receipt
City	State Zip Code	1 0 0 7 2 0 0 8 Transaction ID: 15999563
Chicago	IL 60616-2333	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mercy Hospital and Medical Center	Occupation President and Chief Executive Officer	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr. Peter L Slavin, , M.D.		Date of Receipt
Mailing Address 55 Fruit Street		10 08 7 2008
City	State Zip Code	Transaction ID: 16000467
Boston	MA 02114-2622	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Massachusetts General Hos- pital	Occupation President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. David M Barrett, , M.D.		Date of Receipt
Mailing Address 41 Mall Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16000469
Burlington	MA 01805-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Lahey Clinic Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional) .		2250.00

SCHEDULE A (FEC ITEMIZED RECEIPT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from su or for commercial purposes, oth NAME OF COMMITTEE (Ir American Hospital Asso	ner than using the name and an Full)	nay not be sold or used by any pers address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Midd Mr. John W. Polanowicz Mailing Address 2 Abena City Northborough FEC ID number of contribut federal political committee.  Name of Employer UMass Memorial-Marlborou Hospital Receipt For:	State MA  ing  C  gh  Occupat Preside Aggrega	Zip Code 01532-2433  tion ent & CEO ate Year-to-Date ▼	Date of Receipt  M M M / D D M 2008  Transaction ID: 16000470  Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Midd Ms. Jeanette G Clough Mailing Address 330 More	le Initial)	1000.00	Date of Receipt
City  Cambridge  FEC ID number of contribut federal political committee.  Name of Employer Mount Auburn Hospital  Receipt For:  Primary Gen	Occupati Preside Aggrega	Zip Code 02138-5502  tion ent and Chief Executive Office ate Year-to-Date  1000.00	Transaction ID: 16000472  Amount of Each Receipt this Period  1000.00
City Melrose	oanon ST State MA	Zip Code 2176	Date of Receipt  M M M / D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contribut federal political committee.  Name of Employer Hallmark Health System  Receipt For:  Primary Gen Other (specify)	Occupati Preside Aggrega	tion ent and Chief Executive Office ate Year-to-Date ▼ 1000.00	1000.00
SUBTOTAL of Receipts This	Page (optional)		3000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to s	
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. James T. Kirkpatrick		Date of Receipt
Mailing Address 73 North Ave.		10 08 2008
City	State Zip Code	Transaction ID: 16000888
Mendon	MA 1756	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Massachusetts Hospital As- sociation	Occupation VP, Finance	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Ms. Elizabeth Cadigan		Date of Receipt
Mailing Address 806 Ferncroft Tower		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16000889
Danvers	MA 01923-4055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Quincy Medical Center	Occupation Vice President, Patient Care Services	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Nancy Palmer		Date of Receipt
Mailing Address 9 Buttonwood Lane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16000890
Danvers	MA 01923-1161	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Beverly Hospital	Occupation Trustee	1
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)	<b></b>	1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using the	Statements may not be sold or used by any person are name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. John G O'Brien Mailing Address 1 Biotech Park		Date of Receipt
City	State Zip Code	1 0 0 8 2 0 0 8 Transaction ID: 16000891
Worcester	MA 01605-2982	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer UMass Memorial Health Car- e, Inc.	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr Gary Lapidas		Date of Receipt
Mailing Address 1 Biotech Park		10 08 7 2008
City	State Zip Code	Transaction ID: 16001260
Worcester	MA 01605-2982	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer UMass Memorial Health Car- e, Inc.	Occupation Senior Vice President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Mr Todd Keating		Date of Receipt
Mailing Address 1 Biotech Park		10 08 2008
City	State Zip Code	Transaction ID: 16001262
Worcester	MA 01605-2982	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer UMass Memorial Health Car- e, Inc.	Occupation Chief Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		850.00
TOTAL This Period (last page this line number	<u> </u>	

SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purp	oses, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Fi Mr Roger D Wisema Mailing Address  City Salem  FEC ID number of federal political con  Name of Employer North Shore Medic  Receipt For:  Primary Other (specif	en 81 Highland Avenue  contributing nmittee.  al Center  General		Zip Code 01970-2714 n ce President and Chief Fina Year-to-Date ▼	Date of Receipt  10 08 2008  Transaction ID: 16001263  Amount of Each Receipt this Period  250.00
Full Name (Last, Fi	rst, Middle Initial)  17 Marsh Avenue  contributing nmittee.  bital  General		Zip Code 01951-2402	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, Fi Mr Mark L Goldstein Mailing Address  City  Newburyport  FEC ID number of federal political con  Name of Employer Anna Jaques Hosp  Receipt For:  Primary  Other (specif	25 Highland Avenue  contributing nmittee.  bital  General		Zip Code 01950-3867 In ancial Officer Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Rece	pts This Page (optional)			750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  Any information copied from such Reports a	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 87  (check only one)    X
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Hospital Association PA	g the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Leslie Sebba, , M.D.		Date of Receipt
Mailing Address 25 Highland Avenu	e	10 08 7 2008
City	State Zip Code	Transaction ID: 16001433
Newburyport	MA 01950-3867	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Anna Jaques Hospital	Occupation Medical Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Delia O'Connor	<b>L</b>	Date of Receipt
Mailing Address 25 Highland Avenu	е	10 08 2008
City	State Zip Code	Transaction ID: 16001434
Newburyport	MA 01950-3867	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Anna Jaques Hospital	Occupation Chief Executive Officer	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Roger L Gilberston	<b>L</b>	Date of Receipt
Mailing Address 2496 W. Country C	Club Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16014984
<u>Fargo</u>	ND 58103-5739	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer MeritCare Health System	Occupation President/CEO	]
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
CURTOTAL of Descripto This Page (antique	al)	1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	<b>A</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26/8/ (check only one)   X   11a
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Hospital Association PA	<u> </u>	areas or any political committee to	y solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Vicky VanMeetren			Date of Receipt
Mailing Address 8280 W. Warm Sp	orings Road		10 08 2008
City Las Vegas	State NV	Zip Code 89113-3612	Transaction ID: 16014992  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00110 0012	250.00
Name of Employer St. Rose Domincian Hospit- als - San Mar Receipt For:  Primary General Other (specify) ▼	Occupation Presiden Aggregate		]
Full Name (Last, First, Middle Initial) Ms. Michelle McEwen Mailing Address 16 Hospital Road			Date of Receipt  1 0 0 8 2 0 0 8
City	State	Zip Code	Transaction ID: 16014999
Plymouth	NH	03264-1126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Speare Memorial Hospital	Occupation Presiden	n t and Chief Executive Office	 r
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Nancy Formella			Date of Receipt
Mailing Address One Medical Center	er Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lebanon	State NH	Zip Code	Transaction ID: 16015000
FEC ID number of contributing federal political committee.	С	03756-1000	Amount of Each Receipt this Period  350.00
Name of Employer Dartmouth-Hitchcock Medic- al Center	Occupation Presiden	t	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	]
SUBTOTAL of Receipts This Page (option	nal)		1100.00

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial p	oied from such Reports and St urposes, other than using the MITTEE (In Full) spital Association PAC	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Ms. Denise Matrio Mailing Address	First, Middle Initial) cciani 4423 Necker Avenue	Chata	7'- Onde	Date of Receipt  1 0 0 9 2 0 0 8
City <u>Nottingham</u>		State MD	Zip Code	Transaction ID: 16015037
FEC ID number federal political of		C	21236-2968	Amount of Each Receipt this Period  600.00
Name of Employ Maryland Hospit tion Receipt For: Primary Other (spe	General		n sident, Government Relation Year-to-Date ▼ 600.00	ns
Ms. Beverly L. Mi	First, Middle Initial) Iller 6820 Deerpath Road			Date of Receipt  10 09 2008
City		State	Zip Code	Transaction ID: 16015038
<u>Elkridge</u>		MD	21075-6234	Amount of Each Receipt this Period
FEC ID number federal political of		С		600.00
Name of Employ Maryland Hospit tion	rer ral Associa-		fessional Activities	
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	Year-to-Date ▼ 600.00	]
Full Name (Last	First, Middle Initial)			Date of Receipt
Mailing Address	5755 Cedar Lane			10 09 2008
City		State	Zip Code	Transaction ID: 16015039
Columbia		MD	21044-2999	Amount of Each Receipt this Period
FEC ID number federal political of		C		250.00
Name of Employ Howard County pital	rer General Hos-	-	t and Chief Executive Office	r
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	ceipts This Page (optional)			1450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 87 (check only one)  X 11a 11b 11c 12 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any person e name and address of any political committee to s	for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Ms. Pegeen Townsend Mailing Address 225 McKeon Road  City Severan Park	State Zip Code MD 21146	Date of Receipt  M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Maryland Hospital Association  Receipt For:  Primary General  Other (specify)	Occupation Sr. Vice President, Legislative Policy  Aggregate Year-to-Date ▼  600.00	600.00
Full Name (Last, First, Middle Initial)  Ms. Linda Robertson  Mailing Address 901 South Bond Stree Suite 540  City  Baltimore  FEC ID number of contributing federal political committee.  Name of Employer Johns Hopkins Hospital  Receipt For:  Primary General  Other (specify)	State Zip Code MD 21231-3305  C  Occupation VP, Gov't, Community and Public Affa  Aggregate Year-to-Date  600.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Daniel Brian Smith Mailing Address 600 North Wolfe Stree  City Baltimore  FEC ID number of contributing federal political committee.  Name of Employer Johns Hopkins Hospital  Receipt For: Primary General Other (specify)	State Zip Code MD 21287-0005  C  Occupation President, JH Home Care Group  Aggregate Year-to-Date   400.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		1600.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 29 / 87 (check only one)  X 11a 11b 11c 12
[,	Any information copied from such Reports and S	tatements may	Detailed Summary Page not be sold or used by any perso	n for the purpose of soliciting contributions
7	or for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)	name and add	ress of any political committee to	solicit contributions from such committee.
	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Pamela Williams			Date of Receipt
	Mailing Address 3001 S. Hanover Stree	et		10 09 2008
	City	State	Zip Code	Transaction ID: 16015084
	Baltimore	MD	21225-1233	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Harbor Hospital	Occupation Asst. VP,	n Human Resources	
	Receipt For:  Primary  General  Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1
_	Ciriei (specify)	0 0	0 0 0 0 0 0 0	
	Full Name (Last, First, Middle Initial) Mr. David R Pitman			Date of Receipt
	Mailing Address 26950 Crest Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 16015097
	<u>Seaford</u>	DE	19973-6986	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Nanticoke Memorial Hospit- al	Occupation Chief Fina	n ancial Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Ms. Carmela S. Coyle			Date of Receipt
	Mailing Address 6820 Deerpath Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 16015100
	<u>Elkridge</u>	MD	21075-6200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Maryland Hospital Associa- tion	Occupation President	and CEO	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
Γ	CURTOTAL AS Describes Tible Day (1. 15. 15.	<u> </u>		1500.00
-	SUBTOTAL of Receipts This Page (optional)			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 87 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PAC	the name and address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) J. Brett Bennett  Mailing Address 6820 Deerpath Road	1	Date of Receipt
City Elkridge	State Zip Code MD 21075-6200	Transaction ID: 16015213  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer Maryland Hospital Association Receipt For:  Primary  Other (specify) ▼	Occupation Senior Vice President  Aggregate Year-to-Date ▼  600.00	
Full Name (Last, First, Middle Initial) Mr. Stephen M Erixon Mailing Address 220 Windy Ridge		Date of Receipt  1 0 0 7 2 0 0 8
City	State Zip Code	Transaction ID: 16015268
Hollister	MO 65672-5725	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer Skaggs Community Health Center	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	
Full Name (Last, First, Middle Initial) Mr. Dan McElligott		Date of Receipt
Mailing Address 1404 Grand Ave		10 08 2008
City	State Zip Code	Transaction ID: 16018348
Grand Island  FEC ID number of contributing federal political committee.	NE 68801	Amount of Each Receipt this Period  350.00
Name of Employer Saint Francis Medical Cen- ter	Occupation Chief Operating Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional	1	992.00

City State Zip Code KY 42445-0410  FEC ID number of contributing federal political committee.  Name of Employer Caldwell Coumty Hospital President and Chief Executive Officer Receipt For: Primary Other (specify) ▼	31 / 87 12 16
Full Name (Last, First, Middle Initial) Mr. Charles D Lovell, .v.  Malling Address 101 Hospital Drive  City State Zip Code Princeton KY 42445-0410  FEC ID number of contributing federal political committee.  Name of Employer Cottle State State Zip Code Malling Address 2830 Shoemaker Drive  City State Zip Code President and Chief Executive Officer Aggregate Year-to-Date ▼  Transaction ID: 16018368  Amount of Each Receipt this P  Date of Receipt  Date of Receipt  Full Name (Last, First, Middle Initial) Mr. John Countziler  PEC ID number of contributing federal political committee.  Name of Employer Notron Suburban Hospital  PEUI Name (Last, First, Middle Initial) Mr. John Countziler  Pirmary General  Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. John Countziler  Malling Address 259 Ridgecrest Place  City State Zip Code Notron Suburban Hospital  PPPPatient Care Services  Aggregate Year-to-Date ▼  Transaction ID: 16018370  Amount of Each Receipt this P  Date of Receipt  Transaction ID: 16018370  Amount of Each Receipt this P  Transaction ID: 16018368  Amount of Each Receipt this P  Date of Receipt  Transaction ID: 16018368  Amount of Each Receipt this P  Transaction ID: 16018368  Transaction ID: 16018368  Amount of Each Receipt this P  Date of Receipt  Transaction ID: 16018368  Trans	outions nittee.
Mailing Address 101 Hospital Drive  City State Zip Code KY 42445-0410  FEC ID number of contributing federal political committee.  C   Primary General Other (specify) ▼   C    City State Zip Code KY 42445-0410  Full Name (Last, First, Middle Initial) Ms. Heather Cote Mailing Address 2830 Shoemaker Drive  City State Zip Code KY 40241-6501  FEC ID number of contributing federal political committee.  C   Date of Receipt Miss P	
City State Zip Code Princeton KY 42445-0410  FEC ID number of contributing federal political committee.  Name of Employer Coty General Other (specify) ▼  FILI Name (Last, First, Middle Initial) Name ef Employer Norton Suburban Hospital  Receipt For:    Qity   State Zip Code   KY 40241-6501    Receipt For:   Aggregate Year-to-Date ▼   To 0 7	
Princeton KY 42445-0410  FEC ID number of contributing federal political committee.  Name of Employer Caldwell County Hospital  President and Chief Executive Officer  Receipt For: Primary General Other (specify) ▼  City State Zip Code Norton Suburban Hospital  President and Chief Executive Officer  Aggregate Year-to-Date ▼  1 0 0 7 2  1 1 0 0 7 7 2  1 1 0 0 7 7 7 2  1 1 0 0 7 7 7 2  1 1 0 0 7 7 7 2  1 1 0 0 7 7 7 7 2  1 1 0 0 7 7 7 7 7 7 7  1 1 0 0 7 7 7 7 7 7  1 1 0 0 7 7 7 7 7  1 1 0 0 7 7 7 7 7  1 1 0 0 7 7 7 7 7  1 1 0 0 7 7 7 7 7  1 1 0 0	2008
FEC ID number of contributing federal political committee.    Name of Employer Caldwell County Hospital	
Name of Employer   Caldwell County Hospital   President and Chief Executive Officer	Period
Receipt For:	600.00
Primary General Other (specify) ▼  Coty State Zip Code KY 40241-6501  FEC ID number of contributing federal political committee.  Name of Employer Norton Suburban Hospital  Full Name (Last, First, Middle Initial)  Name (Last, First, Middle Initial)  KY 40241-6501  Cocupation VP/Patient Care Services  Aggregate Year-to-Date ▼  Financount of Each Receipt  Mailing Address 259 Ridgecrest Place  City State Zip Code KY 42301-8461  Full Name (Last, First, Middle Initial)  Mr. John Countzler  Mailing Address 259 Ridgecrest Place  City State Zip Code KY 42301-8461  FEC ID number of contributing federal political committee.  City State Zip Code KY 42301-8461  FEC ID number of contributing federal political committee.  Name of Employer Ovensborn KY 42301-8461  Fec ID number of contributing federal political committee.  Name of Employer Ovensborn Ky 42301-8461  Cocupation Senior Vice President-Finance Receipt For: Primary General  Occupation Senior Vice President-Finance Aggregate Year-to-Date ▼	
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Ms. Heather Cote  Mailing Address 2830 Shoemaker Drive  City State Zip Code  KY 40241-6501  FEC ID number of contributing federal political committee.  Name of Employer Norton Suburban Hospital  Primary General  Other (specify) ▼  Occupation  VP/Patient Care Services  Receipt For:  Primary General  Other (specify) ▼  State Zip Code  KY 42301-8461  Date of Receipt  Transaction ID: 16018370  Amount of Each Receipt this P  Aggregate Year-to-Date ▼  Transaction ID: 16018370  Amount of Each Receipt this P  Date of Receipt  Transaction ID: 16018380  Amount of Each Receipt this P  Date of Receipt  Transaction ID: 16018386  Transaction ID: 16018386  Amount of Each Receipt this P  City State Zip Code  KY 42301-8461  FEC ID number of contributing federal political committee.  Name of Employer Oversboro Medical Health System  Receipt For:  Primary General  Occupation  Senior Vice President-Finance  Aggregate Year-to-Date ▼	
Ms. Heather Cote  Mailing Address 2830 Shoemaker Drive  City State Zip Code KY 40241-6501  FEC ID number of contributing federal political committee.  Name of Employer Norton Suburban Hospital VP/Patient Care Services  Receipt For: Primary General Other (specify) ▼  City State Zip Code KY 42301-8461  FEC ID number of Contributing federal political committee.  Date of Receipt Transaction ID: 16018370  Amount of Each Receipt this P  Date of Receipt  Date of Receipt  Transaction ID: 16018386  Amount of Each Receipt this P  Date of Receipt  Date of Receipt  Transaction ID: 16018386  Amount of Each Receipt this P  Date of Receipt  Transaction ID: 16018386  Amount of Each Receipt this P  Coccupation Oversboro Medical Health System  Receipt For: Primary General  Date of Receipt  Date of Receipt of C	
Mailing Address 2830 Shoemaker Drive  City State Zip Code KY 40241-6501  FEC ID number of contributing federal political committee.  Name of Employer Norton Suburban Hospital  Receipt For: Primary General Other (specify) ▼  City State Zip Code KY 40341-6501  Amount of Each Receipt this P  Aggregate Year-to-Date ▼  Date of Receipt  Mailing Address 259 Ridgecrest Place  City State Zip Code KY 42301-8461  FEC ID number of contributing federal political committee.  City State Zip Code KY 42301-8461  FEC ID number of contributing federal political committee.  Name of Employer Ovensboro Medical Health System Receipt For: Primary General  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	
City State Zip Code KY 40241-6501  FEC ID number of contributing federal political committee.  Name of Employer Norton Suburban Hospital  Receipt For: Primary General Other (specify) ▼  City State Zip Code MY 42301-8461  FEC ID number of contributing federal political committee.  City State Zip Code KY 42301-8461  FEC ID number of contributing federal political committee.  Name of Employer Norton Suburban Hospital  Primary General Other (specify) ▼  City State Zip Code KY 42301-8461  FEC ID number of contributing federal political committee.  Name of Employer Ovensboro Medical Health System Receipt For: Primary General  Transaction ID: 16018370  Amount of Each Receipt this P  Date of Receipt  Transaction ID: 16018386  Amount of Each Receipt this P  Transaction ID: 16018386  Amount of Each Receipt this P  Transaction ID: 16018386  Amount of Each Receipt this P  Transaction ID: 16018386  Amount of Each Receipt this P  Transaction ID: 16018370	2008
Louisville KY 40241-6501  FEC ID number of contributing federal political committee.  Name of Employer Norton Suburban Hospital  Receipt For: Primary General Other (specify) ▼  City State Zip Code Mailing Address 259 Ridgecrest Place  City State Zip Code KY 42301-8461  FEC ID number of contributing federal political committee.  Name of Employer Occupation VP/Patient Care Services  Aggregate Year-to-Date ▼  Date of Receipt  Mailing Address 259 Ridgecrest Place  Transaction ID: 16018386  Amount of Each Receipt this P  Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Employer Norton Suburban Hospital  Receipt For:  Primary General Other (specify) ▼  City State Zip Code Owensboro KY 42301-8461  FEC ID number of contributing federal political committee.  Name of Employer Owensboro Medical Health System Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  100 07 / Y	Period
Receipt For:  Primary Other (specify) ▼  Aggregate Year-to-Date ▼    Date of Receipt	300.00
Primary General Other (specify) ▼  Substituting Address 259 Ridgecrest Place  City State Zip Code Owensboro KY 42301-8461  FEC ID number of contributing federal political committee.  Name of Employer Owensboro Medical Health System Receipt For: Primary General  Primary General  300.00  Date of Receipt  M M M / D D D / Y Y Y 10 D D / Y Y Y Y 10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mr. John Countzler  Mailing Address 259 Ridgecrest Place  City State Zip Code  City 42301-8461  FEC ID number of contributing federal political committee.  Name of Employer Owensboro Medical Health System  Receipt Date of Receipt  Transaction ID: 16018386  Amount of Each Receipt this P  C  State Zip Code  KY 42301-8461  C  Amount of Each Receipt this P  Senior Vice President-Finance  Aggregate Year-to-Date ▼	
City State Zip Code KY 42301-8461  FEC ID number of contributing federal political committee.  Name of Employer Owensboro Medical Health System Receipt For:  Primary General  State Zip Code Transaction ID: 16018386  Amount of Each Receipt this P  C  Transaction ID: 16018386  Amount of Each Receipt this P  Aggregate Year-to-Date ▼	
Owensboro       KY       42301-8461       Amount of Each Receipt this P         FEC ID number of contributing federal political committee.       C       5         Name of Employer Owensboro Medical Health System Receipt For:       Occupation Senior Vice President-Finance       Aggregate Year-to-Date         Primary       General	2008
FEC ID number of contributing federal political committee.  Name of Employer Owensboro Medical Health System  Receipt For:  Primary General  C  Occupation Senior Vice President-Finance  Aggregate Year-to-Date	
Name of Employer Owensboro Medical Health System Receipt For:  Primary  Occupation Senior Vice President-Finance Aggregate Year-to-Date  Aggregate Year-to-Date	Period
Owensboro Medical Health System  Receipt For:  Primary  General  Senior Vice President-Finance  Aggregate Year-to-Date ▼	500.00
Receipt For:  Aggregate Year-to-Date ▼  Primary General	
Primary General	
Other (specify) ▼ 500.00	

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 / 87 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Vicki Darnell		Date of Receipt
Mailing Address 217 S 3rd St.		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City	State Zip Code	Transaction ID: 16018388
<u>Danville</u>	KY 40422-1823	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Ephraim McDowell Health	Occupation Vice President and COO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Patrick Jordan		Date of Receipt
Mailing Address 2014 Washington Stre	eet	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16018444
Newton Lower Falls	MA 02462-1699	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Newton-Wellesley Hospital	Occupation Chief Operating Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ms. Patricia Reid-Ponte	<u> </u>	Date of Receipt
Mailing Address 23 Indian Hill Road		10 08 2008
City	State Zip Code	Transaction ID: 16018447
Arlington	MA 02476-7002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Dana-Farber Cancer Instit- ute	Occupation Sr. VP and CNO	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .		1850.00

<b>IT</b>	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  ny information copied from such Reports and St	tatements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	name and add	dress of any political committee to	solicit contributions from such committee.
∠_ <b>4</b> .	Full Name (Last, First, Middle Initial) Harry G Jorman			Date of Receipt
	Mailing Address 4978 Quechee-W. Hart	tford Road		10 08 2008
	City	State	Zip Code	Transaction ID: 16021592
	Lebanon	NH	03766-2650	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Alice Peck Day Memorial Hospital	Occupation President		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
— 3.	Full Name (Last, First, Middle Initial) Mr. Thomas E Wilhelmsen, , Jr.			Date of Receipt
	Mailing Address P O Box 2014			10 08 YYYY 2008
	City	State	Zip Code	Transaction ID: 16021600
	Nashua FEC ID number of contributing	NH	03061-2014	Amount of Each Receipt this Period
	federal political committee.	C		350.00
	Name of Employer Southern New Hampshire Me- dical Center	Occupation President	n t and Chief Executive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
— :.	Full Name (Last, First, Middle Initial) Ms. Christine A. Crain			Date of Receipt
	Mailing Address 2400 Hawthorne Manor	r Drive		10 09 2008
	City	State	Zip Code	Transaction ID: 16023015
	Florissant	МО	63031-4412	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. John's Mercy Medical Center	Occupation Vice Pres		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		950.00
$\vdash$	1			-

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 87 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)  American Hospital Association P.	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Michael R. Dunaway Mailing Address 15081 Linden Lar  City Leawood  FEC ID number of contributing federal political committee.  Name of Employer Health Alliance of MidAmerica, The Receipt For:  Primary General Other (specify)	State Zip Code KS 66224-3412  C  Occupation Senior VP, Field Operations  Aggregate Year-to-Date   350.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. David P Gehant  Mailing Address P O Box 9019  City  Boulder  FEC ID number of contributing federal political committee.  Name of Employer Boulder Community Hospital  Receipt For: Primary General Other (specify)	State Zip Code CO 80301-9019  C  Occupation President and Chief Executive Officer Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Ms. Virginia Blair  Mailing Address 4109 Plymbridge  City  Woodbridge  FEC ID number of contributing federal political committee.  Name of Employer Prince William Hospital  Receipt For:  Primary General  Other (specify)	Lane  State Zip Code VA 22192-5133  C  Occupation Vice President  Aggregate Year-to-Date ▼  350.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optic	nal)	950.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 87 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
American Hospital Association PA	.C		
Full Name (Last, First, Middle Initial) Dr. Raymond G Troiano, , M.D.			Date of Receipt
Mailing Address 1060 First Colonia	l Road		10 13 7 2008
City Virginia Beach	State VA	Zip Code 23454-3002	Transaction ID: 16024338  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Sentara Virginia Beach Ge- neral Hospita	Occupation Vice Pres	n sident and Administrator	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. James C. Lewis Mailing Address 11 Steeplechase R	Poad		Date of Receipt
<u>·</u>			10 13 2008
City Fredericksburg	State VA	Zip Code 22405-3312	Transaction ID: 16024348  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	EE-100 COTE	350.00
Name of Employer Medicorp Health System	Occupation Vice Pres	n sident of Finance	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Stephen Cumbie			Date of Receipt
Mailing Address 837 Mackall Drive			10 13 2008
City McLean	State VA	Zip Code	Transaction ID: 16024358
FEC ID number of contributing federal political committee.	C	22101-1615	Amount of Each Receipt this Period  350.00
Name of Employer Inova Health System	Occupation Manager	n & Trustee	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (options	al)		1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any person the name and address of any political committee to s	of for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Phyllis Stoneburner		Date of Receipt
Mailing Address 4544 Miarfield Circle		10 13 2008
City	State Zip Code	Transaction ID: 16024365
Chesapeake	VA 23321-4262	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Sentara Obici Hospital	Occupation Vice President, Patient Care Services	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. John M. Toups		Date of Receipt
Mailing Address 1460 Waggaman Circ	cle	M M / D D / Y Y Y Y Y 1 1 0 1 3 2 0 0 8
City	State Zip Code	Transaction ID: 16024366
McLean	VA 22101-4004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Inova Health System	Occupation Trustee	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Adrian Stanton	_L	Date of Receipt
Mailing Address 5013 Fleming Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16024369
Annandale	VA 22003-4110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	287.50
Name of Employer Inova Health System	Occupation Director	]
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
	<b>&gt;</b>	987.50

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Hospital Association PAC	d Statements may not be sold or used by any pe the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Ms. Grace Hines  Mailing Address 170 Spoon Court  City	State Zip Code	Date of Receipt  10 13 2008  Transaction ID: 16024378
Yorktown FEC ID number of contributing federal political committee.	VA 23693-5591	Amount of Each Receipt this Period  350.00
Name of Employer Sentara Healthcare  Receipt For:  Primary General  Other (specify) ▼	Occupation Vice President  Aggregate Year-to-Date   350.00	
Full Name (Last, First, Middle Initial) Dr. J, Thomas Ryan, , M.D.  Mailing Address 7 Steeplechase Roa	d	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16024379
Fredericksburg	VA 22405-3313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Medicorp Health System	Occupation Vice President/ Chief Medical Offic	er
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Donna Picard		Date of Receipt
Mailing Address 2300 Opitz Boulevar	'd	10 13 2008
City	State Zip Code	Transaction ID: 16024380
Woodbridge  FEC ID number of contributing federal political committee.	VA 22191-3311	Amount of Each Receipt this Period  350.00
Name of Employer Potomac Hospital	Occupation Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)		1050.00

	HEDULE A (FEC Form 3X)  MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 87 (check only one)    X
or fo	information copied from such Reports and St or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may name and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
١ا	Full Name (Last, First, Middle Initial) Or Gary R Yates Mailing Address 1065 Downshire Chase	Э		Date of Receipt  1 0
	Dity	State	Zip Code	Transaction ID: 16024388
_	Virginia Beach	VA	23452-6155	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		350.00
_	Name of Employer Sentara Healthcare	Occupation Chief Med	n dical Officer	
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	]
<b>3.</b> _ [	Full Name (Last, First, Middle Initial) Mr. Thomas Nordwick Mailing Address PO Box 1450			Date of Receipt
_				10 14 2008
	Dity	State	Zip Code	Transaction ID: 16024605
- F	Douglas FEC ID number of contributing ederal political committee.	C	82633-1450	Amount of Each Receipt this Period 500.00
<u> </u>	Name of Employer Memorial Hospital of Conv- erse County Receipt For:		n and Chief Executive Office Year-to-Date ▼	r
	Primary General Other (specify) ▼	riggiogalo	500.00	
	Full Name (Last, First, Middle Initial) Mr. Charles F. Harms			Date of Receipt
N	Mailing Address 2520 Moonlight Ct.			10 14 2008
(	Dity	State	Zip Code	Transaction ID: 16024606
<u>(</u>	Cheyenne	WY	82009-8572	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		500.00
<u>(</u>	Name of Employer Cheyenne Regional Medical Center	Occupation Chief Exe	n ecutive Officer	
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SU	BTOTAL of Receipts This Page (optional)			1350.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 87 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports an	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		Solicit Continuations from Such Committee.
Full Name (Last, First, Middle Initial) Mr. Daniel J. Perdue		Date of Receipt
Mailing Address 2005 Warren Avenu Post Office Box 249		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16024607
Cheyenne	WY 82001-3725	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	290.00
Name of Employer Wyoming Hospital Associa- tion	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	290.00	
Full Name (Last, First, Middle Initial) Doug McMillian		Date of Receipt
Mailing Address 707 Sheridan Avenu	ue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16024608
Cody	WY 82414-3409	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer West Park Hospital	Occupation CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Steve Perry		Date of Receipt
Mailing Address 901 Adams Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16024609
Afton	WY 83110-0579	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	360.00
Name of Employer Star Valley Medical Center	Occupation CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	360.00	
	)	1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	atements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Mr. Ron O. Purcell Mailing Address 1093 N. Faldo Way		Date of Receipt  1 0 1 4 2 0 0 8
	City	State Zip Code ID 83616-5369	Transaction ID: 16024696
	Eagle FEC ID number of contributing federal political committee.	ID 83616-5369	Amount of Each Receipt this Period  82.50
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:  Primary General Other (specify) ▼	Occupation Regional Executive  Aggregate Year-to-Date ▼  482.50	
	Full Name (Last, First, Middle Initial) Mr. James Gardner Mailing Address 743 Spring Street North	neast	Date of Receipt
	City	State Zip Code	1 0 1 0 2 0 0 8 Transaction ID: 16045547
	Gainesville	GA 30501-3715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Northeast Georgia Medical Center	Occupation President & CEO	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Dr. Robert C Keen, , Ph.D., F		Date of Receipt
	Mailing Address 4539 E. 500 N.		10 08 2008
	City	State Zip Code	Transaction ID: 16046211
	Greenfield  FEC ID number of contributing federal political committee.	IN 46140-9572	Amount of Each Receipt this Period  250.00
	Name of Employer Hancock Regional Hospital	Occupation President and Chief Executive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)		832.50

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr Frederick McNulty Mailing Address 303 Andover Drive  City Valparaiso  FEC ID number of contributing federal political committee.  Name of Employer La Porte Regional Health System Receipt For: Primary General	State Zip Code IN 46383-1393  C  Occupation Vice President Government Relations Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. James J. Myers  Mailing Address 2626 Windermere Wo	ods Drive State Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Bloomington  FEC ID number of contributing federal political committee.  Name of Employer Bloomington Hospital	IN 47401-5451  C Occupation	Amount of Each Receipt this Period  250.00
Receipt For: Primary General Other (specify)	CFO Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Martin Padgett Mailing Address 1606 Fox Run Trail		Date of Receipt  10 08 2008
City Jeffersonville	State Zip Code IN 47130-8204	Transaction ID: 16046492  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Clark Memorial Hospital  Receipt For:  Primary  General  Other (specify) ▼	Occupation President and Chief Executive Officer  Aggregate Year-to-Date   250.00	
SUBTOTAL of Receipts This Page (optional) .		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or f	y information copied from such Reports and S for commercial purposes, other than using the	statements mag name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Gene Perry			Date of Receipt
	Mailing Address 510 E. Lakewood Drive			10 08 7 2008
	City Bloomington	State IN	Zip Code 47408-1084	Transaction ID: 16046498  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	47400 1004	250.00
	Name of Employer Bloomington Hospital of Orange County	Occupatio Chief Ex	n ecutive Officer	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Kevin Speer			Date of Receipt
	Mailing Address 13664 Smokey Ridge	Place		10 08 YYYY 2008
	City	State	Zip Code	Transaction ID: 16046534
	Carmel	IN	46033-9263	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Vincent Health	Occupatio Hospital	n Chief Strategy Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Steven J West			Date of Receipt
	Mailing Address 314 E. Hickory Grove			10 08 2008
	City	State	Zip Code	Transaction ID: 16046540
	Hartford City FEC ID number of contributing federal political committee.	C	47348-1011	Amount of Each Receipt this Period 250.00
	Name of Employer Blackford Community Hospi- tal	Occupatio Chief Ex	n ecutive Officer	
	Receipt For:  ☐ Primary ☐ General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
SI	JBTOTAL of Receipts This Page (optional)	1		1000.00
	OTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 87 (check only one)  X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to s	for the purpose of soliciting contributions
American Hospital Association PAC		
Full Name (Last, First, Middle Initial)  Mr. Brian Tabor  Mailing Address 10762 Forest Lake Co	a	Date of Receipt
City	State Zip Code	1 0 0 8 2 0 0 8 Transaction ID: 16046570
Indianapolis	IN 46278-9610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Indiana Hospital Associat- ion	Occupation Vice President of Government Relation	ns
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Bradford W Dykes		Date of Receipt
Mailing Address 104 Windamere Circl		10 08 2008
City	State Zip Code	Transaction ID: 16046635
Bedford	IN 47421-9604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Bedford Regional Medical Center	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mrs. Patricia K. Fox		Date of Receipt
Mailing Address 323 Catalpa Ct.		10 08 7 9 9 9
City	State Zip Code	Transaction ID: 16046648
Noblesville	IN 46062-9151	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Riverview Hospital	Occupation President & CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .		1000.00
TOTAL This Period (last page this line numbe	<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 87 (check only one)
	Statements may not be sold or used by any perso le name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Megan Cundari		Date of Receipt
Mailing Address 325 Seventh Street, No. 25 Suite 700		1 0 1 1 4 2 0 0 8
City Washington	State Zip Code DC 20004-2818	Transaction ID: 16046705  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer American Hospital Association-Washingt Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Sr. Associate Director  Aggregate Year-to-Date ▼  350.00	
Full Name (Last, First, Middle Initial) Doug McMillian Mailing Address 707 Sheridan Avenue		Date of Receipt
Mailing Address 707 Sheridan Avenue	}	10 15 2008
City	State Zip Code	Transaction ID: 16046710
Cody	WY 82414-3409	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer West Park Hospital	Occupation CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial) Steve Perry		Date of Receipt
Mailing Address 901 Adams Street		10 15 2008
City	State Zip Code	Transaction ID: 16046716
<u>Afton</u>	WY 83110-0579	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Star Valley Medical Center	Occupation CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 710.00	
SUBTOTAL of Receipts This Page (optional)		1050.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 87 (check only one)    X
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mr. Fred J. Lucky  Mailing Address 14607 W 89  City  Lenexa  FEC ID number of contributing federal political committee.  Name of Employer Kansas Hospital Association  Receipt For:  Primary General  Other (specify)	State Zip Code KS 66215-2967  C  Occupation Senior Vice President  Aggregate Year-to-Date  384.62	Date of Receipt    M   M   D   D   Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Roger S. John Mailing Address P O Box 506  City Phillipsburg  FEC ID number of contributing federal political committee.	State Zip Code KS 67661-0506	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Great Plains Health Allia- nce, Inc. Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation President and Chief Executive Office Aggregate Year-to-Date ▼  250.00	er -
Full Name (Last, First, Middle Initial) Mr. Gerald J Marquette, , Jr.  Mailing Address 1400 West Fourth  City	State Zip Code	Date of Receipt    M
Coffeyville  FEC ID number of contributing federal political committee.	KS 67337-3306	Amount of Each Receipt this Period  250.00
Name of Employer Coffeyville Regional Medical Center Receipt For:  Primary  Other (specify) ▼	Occupation Chief Executive Officer  Aggregate Year-to-Date   250.00	
SUBTOTAL of Receipts This Page (optional) .		634.61

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to so	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Kent E. Palmberg, , M.D.		Date of Receipt
Mailing Address 1216 SW Westside Dri	ve	10 02 YYYY 10 02 2008
City	State Zip Code	Transaction ID: 16055489
Topeka  FEC ID number of contributing federal political committee.	KS 66615-1236	Amount of Each Receipt this Period 250.00
Name of Employer Stormont-Vail HealthCare	Occupation Senior Vice President and Chief Medica	4
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Randall Peterson		Date of Receipt
Mailing Address 2022 N. Red Oaks		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Wichita	State Zip Code KS 67206-8909	Transaction ID: 16055490  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Via Christi Health System	Occupation Senior Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Julie Quirin		Date of Receipt
Mailing Address 2805 W 71st Street		10 02 YYYYY 10 02 2008
City	State Zip Code	Transaction ID: 16055491
Prairie Village  FEC ID number of contributing federal political committee.	KS 66208-3104	Amount of Each Receipt this Period 250.00
Name of Employer Saint Luke's South Hospit- al	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	<b>.</b>	750.00
TOTAL This Period (last page this line number of	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 87 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mrs. Lynnette A. RauvolaBouta Mailing Address 25 Huntington St.		Date of Receipt
	City	State Zip Code	10 02 2008  Transaction ID: 16055492
	Eastborough	KS 67206-2047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Via Christi Health System	Occupation Vice President Mission Integration	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Scott J Taylor		Date of Receipt
	Mailing Address 1617 Crestway		10 02 7 2008
	City	State Zip Code	Transaction ID: 16055493
	Garden City	KS 67846-6916	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer St. Catherine Hospital	Occupation President and Chief Executive Office	er
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
_ C.	Full Name (Last, First, Middle Initial) Mr. Vernon L. Long		Date of Receipt
	Mailing Address 3440 N.E. Kincaid		10 02 7 2008
	City	State Zip Code	Transaction ID: 16055494
	<u>Topeka</u>	KS 66617-3620	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	375.00
	Name of Employer Stormont-Vail HealthCare	Occupation Vice President	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  375.00	
	SUBTOTAL of Receipts This Page (optional)		875.00
	TOTAL This Period (last page this line number		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 87 (check only one)    X   11a
A 0	ny information copied from such Reports and r for commercial purposes, other than using th	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
<u>/_</u>	Full Name (Last, First, Middle Initial) Ms. Katie Vaughan			Date of Receipt
	Mailing Address 506A East Howell Ave	enue		10 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Alexandria	State VA	Zip Code 22301-1216	Transaction ID: PR1034595121375  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupatio Associat	n e Director	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton			Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	IW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1045726221375
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		39.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupatio VP & Ch	n ief Washington Counsel	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		819.00	P/R Deduction (\$39.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Barbara Jellen			Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	IW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1113464221375
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		14.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupatio Section I	Director	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 294.00	P/R Deduction (\$14.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	_1		73.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 87 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Davon Gray		Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700	W	10 15 7 2008
City Washington	State Zip Code DC 20004-2818	Transaction ID: PR1143013021375  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	14.39
Name of Employer American Hospital Associa- tion-Washingt	Occupation Legislative Assistant	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  278.34	P/R Deduction (\$14.39 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Erin O'Malley	1	Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700	W	10 15 7 2008
City Washington	State Zip Code DC 20004-2818	Transaction ID: PR1222125721375
FEC ID number of contributing federal political committee.	C 20004-2010	Amount of Each Receipt this Period  19.45
Name of Employer American Hospital Associa- tion-Washingt	Occupation Project Manager	
Receipt For:  Primary General  Other (specify) ♥	Aggregate Year-to-Date ▼  252.85	P/R Deduction (\$19.45 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. David L. Allen		Date of Receipt
Mailing Address 325 Seventh Street, N	W	10 15 2008
City Washington	State Zip Code DC 20004-2818	Transaction ID: PR1234662821375
FEC ID number of contributing federal political committee.	C 20004-2818	Amount of Each Receipt this Period  14.00
Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Associate Director, Media Relations Aggregate Year-to-Date	
Primary General Other (specify) ▼	294.00	P/R Deduction (\$14.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional) .		47.84

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16
any information copied from such Reports and S	itatements may not be sold or used by any	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	That is and address of any pointed committee	
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Mary Meadows		Date of Receipt
Mailing Address One North Franklin		10 15 7 2008
City	State Zip Code	Transaction ID: PR1260472921375
Chicago	IL 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	14.00
Name of Employer American Organization of Nurse Executi	Occupation Director of Professional Practice	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	294.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Michelle Marie Mathy		Date of Receipt
Mailing Address 1660 Lanier PL Apt. 4		10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1300853721375
Washington	DC 20009-2938	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	14.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Project Manager/PAC Coordinate	or
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	294.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Alex White, Jr.	<u> </u>	Date of Receipt
Mailing Address One North Franklin		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1339349921375
Chicago	IL 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	58.00
Name of Employer American Hospital Associa- tion	Occupation Account Executive	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1218.00	P/R Deduction (\$58.00 Bi- Weekly)
SURTOTAL of Receipts This Page (optional)		86.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 87 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
A o	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
<u></u>	Full Name (Last, First, Middle Initial) Ms. Frances Margolin		Date of Receipt
	Mailing Address One North Franklin		10 15 7 2008
	City Chicago	State Zip Code  IL 60606-3436	Transaction ID: PR1347702721375  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Operations HRET	_
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. James Wadzinski	<u> </u>	Date of Receipt
	Mailing Address One North Franklin		10 15 2008
	City	State Zip Code	Transaction ID: PR1347703421375
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation VP, Operations and Account Services	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	420.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Jack A. Mackay		Date of Receipt
	Mailing Address One North Franklin		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1347703621375
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President & CIO	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Bi- Weekly)
$\Gamma$	CURTOTAL of Possinte This Page (entional)	·····	60.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 87 (check only one)    X   11a
A OI	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
<u></u>	Full Name (Last, First, Middle Initial) Ms. Catherine D. Sewell		Date of Receipt
	Mailing Address One North Franklin		10 15 2008
	City Chicago	State Zip Code IL 60606-3436	Transaction ID: PR1347708421375
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  53.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive Director	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 742.00	P/R Deduction (\$53.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Susan Gergely		Date of Receipt
	Mailing Address One North Franklin		10 15 2008
	City	State Zip Code	Transaction ID: PR1347791021375
	Chicago FEC ID number of contributing	IL 60606-3436	Amount of Each Receipt this Period
	federal political committee.	Occupation	_
	Name of Employer American Hospital Associa- tion-Chicago	Director of Operations, AONE	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  294.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. John Slotman		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	W	10 15 2008
	City	State Zip Code	Transaction ID: PR1384065321375
	Washington FEC ID number of contributing	DC 20004-2802	Amount of Each Receipt this Period  20.00
	federal political committee.		
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Associate Director, Federal Relations Aggregate Year-to-Date	6
	Primary General Other (specify)	420.00	P/R Deduction (\$20.00 Bi- Weekly)
	NUDTOTAL of Descript This Description		87.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 87 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
0	ony information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
/	American Hospital Association PAC			1
۱.	Full Name (Last, First, Middle Initial) Ms. Stephanie H. Drake  Mailing Address One North Franklin			Date of Receipt
	City	State	Zip Code	10 15 2008 Toward ID PP1402450021275
	<u>Chicago</u>	State IL	60606-3436	Transaction ID: PR1492459921375  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		18.00
	Name of Employer American Hospital Associa- tion-Chicago		Executive Director - ASHH	RA
	Receipt For:  Primary General  Other (specify)	Aggregate	Year-to-Date ▼ 270.00	P/R Deduction (\$18.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Linda Fishman			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		10 15 2008
	City	State	Zip Code	Transaction ID: PR327629121375
	Washington  FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period  39.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice Pres	ident Federal Relations	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 819.00	P/R Deduction (\$39.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Debbie F. Weiner			Date of Receipt
	Mailing Address 11004 petersborough D	Orive		10 15 2008
	City	State	Zip Code	Transaction ID: PR327745921375
	Rockville	MD	20852-3249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		39.00
	Name of Employer American Hospital Associa- tion-Washingt		Grassroots Advocacy	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 819.00	P/R Deduction (\$39.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			96.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 87 (check only one)    X
4	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
. ∠ \.	Full Name (Last, First, Middle Initial) Mr. Michael P. McCue		Date of Receipt
	Mailing Address 122 N. Greenwood Ave	enue	10 15 / Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR327771621375
	Park Ridge	IL 60068-3227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	14.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate Director	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	294.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Suzanne R. Sonik		Date of Receipt
	Mailing Address One North Franklin		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR327777221375
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	14.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director, Long-Term Care	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	294.00	P/R Deduction (\$14.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Ms. Debra J. Stock		Date of Receipt
	Mailing Address 1022 S. Harvey Avenu	e	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR327777821375
	Oak Park	IL 60304-2132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Member Relations	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	420.00	P/R Deduction (\$20.00 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional)	<u> </u>	48.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Neil J. Jesuele		Date of Receipt
Mailing Address 1003 Kimberly Place		10 15 2008
City Great Falls	State Zip Code VA 22066-1546	Transaction ID: PR327801721375  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive Vice President	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN		Date of Receipt
Mailing Address 325 Seventh Street, NV Suite 700	V	10 15 2008
City Washington	State Zip Code DC 20004-2818	Transaction ID: PR327812021375
FEC ID number of contributing federal political committee.	C 20004-2616	Amount of Each Receipt this Period  39.00
Name of Employer American Organization of Nurse Executi	Occupation Executive Director	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 819.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Joan H. Lewis		Date of Receipt
Mailing Address 6034 North 22nd Street		M M / D D / Y Y Y Y Y Y 1 1 5 2 0 0 8
City Arlington	State Zip Code VA 22205-3408	Transaction ID: PR327831721375
FEC ID number of contributing federal political committee.	C 22205-3408	Amount of Each Receipt this Period  20.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Regional Executive	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		79.00

		for each category of the Detailed Summary Page	(check only one)    X   11a
any information copied from such Reports and r for commercial purposes, other than using t	Statements may	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		. ooo or arry portuous committee to	
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Robert J. Donovan			Date of Receipt
Mailing Address One North Franklin S	Street		10 15 2008
City	State	Zip Code	<b>Transaction ID:</b> PR327846221375
Chicago	<u>IL</u>	60606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		14.00
Name of Employer American Hospital Associa-	Occupation Vice Pres	ident, Meetings & Travel Se	
tion-Chicago  Receipt For:		Year-to-Date ▼	· · ·
Primary General	7 iggi ogalo	294.00	P/R Deduction (\$14.00 Bi-
Other (specify)	0 0	204.00	Weekly)
Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga	•		Date of Receipt
Mailing Address 2401 Calvert Street, Apt. 1008	NW		10 15 7 9 9 9
City	State	Zip Code	Transaction ID: PR327851921375
Washington	DC	20008-2614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer American Hospital Associa-	Occupation		
tion-Washingt		Policy Development	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D D   1   1   (\$0.00 D)
Other (specify)		420.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Mark Seklecki			Date of Receipt
Mailing Address 325 Seventh Street, Suite 700	NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR327858021375
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		39.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice Pres	ident, Political Affairs	
Receipt For:	<u>'</u>	Year-to-Date ▼	
Primary General Other (specify) ▼		819.00	P/R Deduction (\$39.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)			73.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 87 (check only one)    X
or for commercial purposes, other than use NAME OF COMMITTEE (In Full)  American Hospital Association	is and Statements may not be sold or used by any person sing the name and address of any political committee to PAC	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. John F. Barry		Date of Receipt
Mailing Address One North Frank		10 15 2008
City <u>Millis</u>	State Zip Code MA 60606-3436	Transaction ID: PR327877821375  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	39.00
Name of Employer American Hospital Associa- tion-Chicago Receipt For:  Primary General Other (specify) ▼	Occupation Regional Executive  Aggregate Year-to-Date ▼  819.00	P/R Deduction (\$39.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Mr. George F. Bergstrom Mailing Address 130 North Garla	and Court	Date of Receipt  10 15 2008
#3002 City	State Zip Code	Transaction ID: PR327895721375
Chicago  FEC ID number of contributing federal political committee.	IL 60602-4750	Amount of Each Receipt this Period  20.00
Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General	Occupation Vice President  Aggregate Year-to-Date ▼	P/R Deduction (\$20.00 Bi-
Other (specify) ▼	420.00	Weekly)
Full Name (Last, First, Middle Initial) Ms. Judy Williams Mailing Address One North Frank	klin Street	Date of Receipt
City	State Zip Code	Transaction ID: PR327918921375
Chicago  FEC ID number of contributing federal political committee.	IL 60606	Amount of Each Receipt this Period  17.00
Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Director, Membership Admin.	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  272.00	P/R Deduction (\$17.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (ont	ional)	76.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedul for each category of th Detailed Summary Pa	ne (crieck offly offe)
A or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by a name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
<u></u>	Full Name (Last, First, Middle Initial) Mr. Richard J Umbdenstock		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700		10 15 7 2008
	City Washington	State Zip Code  DC 20004-2818	Transaction ID: PR328132821375  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	39.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	819	.00 P/R Deduction (\$39.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach	<u> </u>	Date of Receipt
	Mailing Address 204 7th Ave		10 15 2008
	City	State Zip Code	Transaction ID: PR328136921375
	La Grange	IL 60525-6406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	39.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Sr. Vice President, Member Re	elations
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	819	P/R Deduction (\$39.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Lauren A. Barnett		Date of Receipt
	Mailing Address One North Franklin St	eet	10 15 2008
	City	State Zip Code	Transaction ID: PR328174921375
	Chicago	IL 60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	18.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive Director, SHSMD	
	Receipt For:  Primary  General	Aggregate Year-to-Date ▼	P/P Doduction (\$40.00 P)
	Other (specify)	270	.00 P/R Deduction (\$18.00 Bi-Weekly)
			96.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any personal statements.	FOR LINE NUMBER: PAGE 59 / 87 (check only one)    X
or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)  American Hospital Association P.	ng the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Ms. Donna J. Melkonian  Mailing Address 5545 North Wayr	e	Date of Receipt
City Chicago	State Zip Code IL 60640-1318	Transaction ID: PR328223821375  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	39.00
Name of Employer American Hospital Associa- tion-Chicago Receipt For:  Primary General  Other (specify) ▼	Vice President  Aggregate Year-to-Date ▼  819.00	P/R Deduction (\$39.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.  Mailing Address 13106 Vingle Lan	e	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR328224921375
Silver Spring  FEC ID number of contributing federal political committee.	MD 20906	Amount of Each Receipt this Period  39.00
Name of Employer American Hospital Associa- tion-Washingt Receipt For:  Primary General  Other (specify) ▼	Occupation Sr. Vice President  Aggregate Year-to-Date ▼  819.00	P/R Deduction (\$39.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)  Mr. Ron O. Purcell  Mailing Address 1093 N. Faldo W.	ay	Date of Receipt  1 0 1 5 2 0 0 8
City	State Zip Code	Transaction ID: PR328241421375
Eagle  FEC ID number of contributing federal political committee.	ID 83616-5369	Amount of Each Receipt this Period 20.00
Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Regional Executive  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date \$\infty\$	P/R Deduction (\$20.00 Bi- Weekly)
SURTOTAL of Receipts This Page (option	nal)	98.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 87 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack		Date of Receipt
Mailing Address 3475 North Venice Str		10 15 7 2008
City <u>Arlington</u>	State         Zip Code           VA         22207-4446	Transaction ID: PR328260921375  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	39.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 819.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Richard H. Wade		Date of Receipt
Mailing Address 1221 Cavalier Road		10 15 2008
City	State Zip Code	Transaction ID: PR328310421375
Arnold  FEC ID number of contributing federal political committee.	MD 21012-2126	Amount of Each Receipt this Period 40.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Vice President, Communications	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Steve M. Ahnen		Date of Receipt
Mailing Address 125 Airport Road		10 15 2008
City Concord	State Zip Code NH 03301-7300	Transaction ID: PR328312721375  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	220.00
Name of Employer New Hampshire Hospital As- sociation Receipt For:	Occupation President and CEO  Aggregate Year-to-Date	
Primary General Other (specify) ▼	1000.00	P/R Deduction (\$220.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		299.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Lori M. Schor		Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700		10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	<b>Transaction ID:</b> PR328341821375
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	39.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Political Action & Grassroo	nt l
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	819.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Carla L. Luggiero		Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700	W	10 15 2008
City	State Zip Code	Transaction ID: PR328490121375
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	9.62
Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Associate Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	302.02	P/R Deduction (\$9.62 Bi-W-eekly)
Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina	1	Date of Receipt
Mailing Address 200 Clover Hill Court		10 15 2008
City	State Zip Code	Transaction ID: PR328511821375
Yardley	PA 19067-5736	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	39.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	819.00	P/R Deduction (\$39.00 Bi- Weekly)
NUDTOTAL of Descriptor This Descriptor (see Section 1)		87.62

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 87 (check only one)    X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell			Date of Receipt
	Mailing Address 1501 N. Harrison Stre	et		10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Arlington	State VA	Zip Code 22205-2726	Transaction ID: PR328512021375  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:		sident, Media Relations	
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey			Date of Receipt
	Mailing Address One North Franklin Street			10 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329013421375
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director.	n Psychiatric and Substance	Ab
	Receipt For:	<del>, '</del>	e Year-to-Date ▼	
	Primary General Other (specify) ▼		420.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD			Date of Receipt
	Mailing Address 1 North Franklin SAtre	eet		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329071321375
	Chicago	IL	60614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		39.00
	Name of Employer American Hospital Association-Chicago  Occupation President & COO, Leadership & Busine			ness
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 819.00	P/R Deduction (\$39.00 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional)	1		79.00

IT	EMIZED RECEIPTS  vinformation copied from such Benorts and Si	Use separate schedule(s) for each category of the Detailed Summary Page tatements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 63 / 87 (check only one)    X
or	NAME OF COMMITTEE (In Full)  American Hospital Association PAC	name and address of any political committee to	solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Ms. Robyn Cooke		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V	10 15 2008
	City	State Zip Code	Transaction ID: PR329084421375
	Washington	DC 20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For: Primary General	Occupation Senior Associate Director Executive E Aggregate Year-to-Date ▼	
	Other (specify)	420.00	P/R Deduction (\$20.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese Mailing Address 500 Interstate Poulevo	Date of Receipt	
	Mailing Address 500 Interstate Bouleval	10 15 2008	
	City	State Zip Code	Transaction ID: PR329215721375
	Nashville	TN 37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	39.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Regional Executive Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	819.00	P/R Deduction (\$39.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. John Evans	Date of Receipt	
	Mailing Address One North Franklin Str	10 15 2008	
	City	State Zip Code	Transaction ID: PR329342621375
	Chicago FEC ID number of contributing federal political committee.	IL 60606	Amount of Each Receipt this Period  14.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation CFO	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	P/R Deduction (\$14.00 Bi- Weekly)
	JBTOTAL of Receipts This Page (optional)		73.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 87 (check only one)  X 11a 11b 11c 12  13 14 15 16
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
<u></u>	Full Name (Last, First, Middle Initial) Ms. Audrey L. Harris		Date of Receipt
	Mailing Address 1136 W. Farwell Ave.		10 15 2008
	City Chicago	State Zip Code  IL 60626-3861	Transaction ID: PR329654221375  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	14.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive Director, ASDVS	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	P/R Deduction (\$14.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Patricia Meersman	Date of Receipt	
	Mailing Address One North Franklin	10 15 2008	
	City	State Zip Code	Transaction ID: PR330343321375
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive Services Director	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	420.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Thomas Misfeldt		Date of Receipt
	Mailing Address One North Franklin		10 15 2008
	City	State Zip Code	Transaction ID: PR330411621375
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate Regional Executive	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		54.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 87 (check only one)    X   11a
or for	information copied from such Reports and St r commercial purposes, other than using the AME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
F	ull Name (Last, First, Middle Initial) Is. Maureen D. Mudron			Date of Receipt
M	lailing Address 325 Seventh Street, NV Suite 700			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity Vashington	State DC	Zip Code 20004-2818	Transaction ID: PR330465221375
F	EC ID number of contributing ederal political committee.	C	20004-2010	Amount of Each Receipt this Period  14.00
<u>ti</u>	ame of Employer .merican Hospital Associa- on-Washingt eccipt For: Primary General Other (specify) ▼		neral Counsel e Year-to-Date  280.00	P/R Deduction (\$14.00 Bi-Weekly)
. <u>N</u>	ull Name (Last, First, Middle Initial) Ir. Paul N. Muraca			Date of Receipt
M	Mailing Address 4960 138th Cricle West			10 15 2008
	ity	State	Zip Code	Transaction ID: PR330475421375
F	Apple Valley  EC ID number of contributing  Idenal political committee.	C	55124	Amount of Each Receipt this Period  39.00
<u>ti</u>	ame of Employer merican Hospital Associa- on-Chicago eceipt For: Primary General	_ <u> </u>	Executive  e Year-to-Date	P/R Deduction (\$39.00 Bi-
	Other (specify) ▼		819.00	Weekly)
	ull Name (Last, First, Middle Initial) Is. Jennifer E. Mallard			Date of Receipt
M	lailing Address 6109 North 9th Road			10 15 YYYY 10 15 2008
	ity	State	Zip Code	Transaction ID: PR330534321375
	ırlington	VA	22205-1609	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		20.00
<u>tie</u>	ame of Employer merican Hospital Associa- on-Washingt		ciate Director	
K	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Bi- Weekly)
SUE	<b>3TOTAL</b> of Receipts This Page (optional)			73.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 87 (check only one)    X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	name and address of any political committee to	o solicit contributions from such committee.
∠ <b>4</b> .	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell Mailing Address One North Franklin		Date of Receipt
	City Chicago	State Zip Code IL 60606-3436	Transaction ID: PR330547721375  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.  Name of Employer American Hospital Associa-	Occupation Vice President, Strategic Planning	20.00
	tion-Chicago Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Bi-Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe  Mailing Address 172 Atteridge		Date of Receipt  10 15 2008
	City	State Zip Code	Transaction ID: PR330549221375
	Lake Forest  FEC ID number of contributing federal political committee.	IL 60045-1715	Amount of Each Receipt this Period  20.00
	Name of Employer American Hospital Association-Chicago Receipt For:  Primary  Other (specify) ▼	Occupation Vice President, Member Relations Aggregate Year-to-Date  420.00	P/R Deduction (\$20.00 Bi-Weekly)
- ).	Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter  Mailing Address 325 Seventh Street, N	N	Date of Receipt
	Suite 700 City	State Zip Code	1 0 1 5 2 0 0 8 Transaction ID: PR330776121375
	Washington	DC 20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer American Hospital Association-Washingt Receipt For:  Primary  General  Other (specify) ▼	Occupation V.P., Advocacy & Member Communic Aggregate Year-to-Date  420.00	P/R Deduction (\$20.00 Bi-Weekly)
	SUBTOTAL of Receipts This Page (optional)		60.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 87 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC	name and address of any political committee to	o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Ms. Debi H. Tucker, Esq.  Mailing Address 1101 N. Kentucky Stre	ot .	Date of Receipt
	City Arlington	State Zip Code VA 22205-3515	Transaction ID: PR331278821375  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	14.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:  Primary  General  Other (specify) ▼	Occupation Director, State Issues Forum  Aggregate Year-to-Date   294.00	P/R Deduction (\$14.00 Bi-Weekly)
- В.	Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush Mailing Address 26 West Glendale Ave		Date of Receipt
	City	State Zip Code	Transaction ID: PR331304221375
	Alexandria FEC ID number of contributing federal political committee.	VA 22301-2402	Amount of Each Receipt this Period  20.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:  Primary General Other (specify) ▼	Occupation Director Advocacy and Public Policy Aggregate Year-to-Date  420.00	P/R Deduction (\$20.00 Bi-Weekly)
). C.	Full Name (Last, First, Middle Initial)  Ms. Jo Ann Webb  Mailing Address 325 Seventh Street, N	W	Date of Receipt
	Suite 700 City	State Zip Code	1 0 1 5 2 0 0 8 Transaction ID: PR331379121375
	<u>Washington</u>	DC 20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	14.00
	Name of Employer American Organization of Nurse Executi Receipt For:  Primary  Other (specify) ▼	Occupation Director, Federal Relations & Policy Aggregate Year-to-Date  294.00	P/R Deduction (\$14.00 Bi-Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)		48.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 87 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
A	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any pename and address of any political committee	erson for the purpose of soliciting contributions et o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer		Date of Receipt
	Mailing Address 325 Seventh Street, N' Suite 700		10 15 / Y Y Y Y Y Y
	City <u>Washington</u>	State         Zip Code           DC         20004-2818	Transaction ID: PR331386921375  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	14.38
	Name of Employer American Hospital Association-Washingt Receipt For:  Primary General Other (specify) ▼	Occupation Senior Associate Director Aggregate Year-to-Date ▼  278.18	P/R Deduction (\$14.38 Bi-Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Sr. Mailing Address PO Box 15587	Date of Receipt	
	City	State Zip Code	1 0 1 5 2 0 0 8 Transaction ID: PR331416021375
	Austin	TX 78761-5587	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	58.00
	Name of Employer American Hospital Associa- tion	Occupation Regional Executive	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1218.00	P/R Deduction (\$58.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Donald May		Date of Receipt
	Mailing Address 521 Great Falls St.		10 15 2008
	City	State Zip Code	Transaction ID: PR331533221375
	Falls Church	VA 22046-2613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	39.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Vice President, Policy Aggregate Year-to-Date	
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$39.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	1	111.38

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 87 (check only one)  X 11a 11b 11c 12 15 16 17
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	statements may not be sold or used by any person name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
∠ A.	Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy		Date of Receipt
	Mailing Address One North Franklin		10 15 2008
	Chicago	State Zip Code  IL 60606-3436	Transaction ID: PR346168121375
	Chicago  FEC ID number of contributing federal political committee.	IL 60606-3436	Amount of Each Receipt this Period 14.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive Director, ASHRM	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  294.00	P/R Deduction (\$14.00 Bi- Weekly)
– В.	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh	Date of Receipt	
	Mailing Address 325 Seventh Street, N Suite 700	10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: PR517619721375
	Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period  39.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President Executive Branch Relati	i
	Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 819.00	P/R Deduction (\$39.00 Bi- Weekly)
_ ).	Full Name (Last, First, Middle Initial) Mr. Carlos Jackson		Date of Receipt
	Mailing Address 325 Seventh Street, N	W	10 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR566280921375
	Washington FEC ID number of contributing federal political committee.	DC 20004-2802	Amount of Each Receipt this Period 23.81
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Associate Director, Federal Relations	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  380.96	P/R Deduction (\$23.81 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>	76.81

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 87 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Ashley B. Thompson		Date of Receipt
Mailing Address 606 S. Royal St.		10 15 2008
City Alexandria	State Zip Code VA 22314-4142	Transaction ID: PR766023721375  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director, Policy	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Rochelle M. Archuleta		Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700	W	10 15 2008
City	State Zip Code DC 20004-2818	Transaction ID: PR801366321375
Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period  14.00
Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Senior Associate Dir. Policy Develop Aggregate Year-to-Date	ome
Primary General Other (specify) ▼	294.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Lisa Kidder Hrobsky		Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700	W	10 15 2008
City	State Zip Code	Transaction ID: PR876637221375
Washington  FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period  14.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	P/R Deduction (\$14.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		48.00

A.

В.

PAGE 71 / 87 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Sheila R. Meadows Date of Receipt Mailing Address 325 Seventh Street, NW 10 15 2008 Suite 700 Zip Code City State Transaction ID: PR936292321375 Washington DC 20004-2818 Amount of Each Receipt this Period FEC ID number of contributing 14.00 C federal political committee. Name of Employer American Hospital Associa-tion-Washingt Occupation **Director of Operations** Receipt For: Aggregate Year-to-Date General Primary P/R Deduction (\$14.00 Bi-294.00 Other (specify) Weekly) Full Name (Last, First, Middle Initial) Mr. David A. Strickland Date of Receipt Mailing Address One N. Franklin Street 15 2008 City State Zip Code Transaction ID: PR939603921375 Chicago IL 60606 Amount of Each Receipt this Period FEC ID number of contributing C 14.00 federal political committee. Name of Employer American Organization of Occupation Director of Operations Nurse Executi Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$14.00 Bi-

294.00

Weekly)

SUBTOTAL of Receipts This Page (optional)	•	28.00
TOTAL This Period (last page this line number only)	<u> </u>	56113.69

Other (specify)

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 87 (check only one)  11a 11b 11c X 12 13 14 15 16 17	
	Any information copied from such Reports and St or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to so			
NAME OF COMMITTEE (In Full) American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) AZHHA Political Action Committee (Federal)			Date of Receipt	
	Mailing Address 2901 North Central Ave Suite 900	enue		10 14 2008	
	City	State	Zip Code	Transaction ID: 16024601	
	Phoenix	AZ	85012	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	<b>C</b> C0	0217687	14900.00	
	Name of Employer	Occupation	n		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 28800.00		
В.	Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Federal PAC			Date of Receipt	
	Mailing Address 5510 Research Park Drive			10 03 YYYYY 2008	
	City	State	Zip Code	Transaction ID: 16055503	
	Madison	WI	53725-9038	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	<b>C</b> C0	0359455	3000.00	
	Name of Employer	Occupation	on		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 8000.00		

SUBTOTAL of Receipts This Page (optional)	•	17900.00
TOTAL This Period (last page this line number only)	<b>•</b>	17900.00

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	NUMBER: PAGE 73/87
ITEMIZED DISBURSEMENTS	for each category of the  Detailed Summary Page	(check only	y one)
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			Transaction ID: 15988620
American Express			Date of Disbursement
Mailing Address Ste. 001			1 0 M / D D / Y Y Y O N 8 Y
City Chicago	State Zip Code IL 60679		Amount of Each Disbursement this Period
Purpose of Disbursement			4.50
Merchant Fees Candidate Name		001 Category/	
Calididate Name		Type	
	ement For:		Merchant Fees
Senate President	Primary General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Transaction ID: 15988632
Merchant Bankcard			Date of Disbursement
Mailing Address 1601 Elm Street			10 0 3 7 2 0 0 8
City Dallas	State Zip Code TX 75201		Amount of Each Disbursement this Period
Purpose of Disbursement	7,0201		80.40
Merchant Fees		001	
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate	ement For: Primary General		Merchant Fees
President	Other (specify)		
State: District:	_		
Full Name (Last, First, Middle Initial) American Express			Transaction ID: 16023121 Date of Disbursement
Mailing Address Ste. 001			1 0 M / D 0 6 / Y 2 0 0 8 Y
City	State Zip Code		Amount of Each Disbursement this Period
Chicago	IL 60679		118.74
Purpose of Disbursement Merchant Fees		001	
Candidate Name		Category/ Type	
Office Sought: House Disburs	ement For:	1,700	Merchant Fees
Senate	Primary General		INICICITATIL FEES
President State: District:	Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			203.64

TOTAL This Period (last page this line number only) .....

	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE	NUMBER: PAGE 74 / 87 y one)
• •	EMIZED DISBURSEMENTS	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports and State for commercial purposes, other than using the na			· ·
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			Transaction ID: 16023122
	Merchant Bankcard			Date of Disbursement
	Mailing Address 1601 Elm Street			10 0 6 7 2008
	City Dallas	State Zip Code TX 75201		Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fees	Г	001	165.20
	Candidate Name		Category/ Type	
	Office Sought: House Disbur Senate President	sement For: Primary General Other (specify)		Merchant Fees
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	165.20
TOTAL This Period (last page this line number only)	<u> </u>	368.84

		(FEC FOIIII	•		arate schedule(s)			heck on	E NUMBE	n.			AGE	75 / 8	57
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# SCHEDIII E B (FEC Form 3Y)

SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s)	(check onl	E NUMBER: PAGE 76 / 87
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29
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NAME OF COMMITTEE (In Full)  American Hospital Association PAC	,		
Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress			Transaction ID: 16047454 Date of Disbursement
Mailing Address P.O. Box 9336			10 7 7 7 2008
City Fargo	State Zip Code ND 58106		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Earl Pomeroy		Category/ Type	
Office Sought:  X House  Senate  President  State: ND  District: 01	bursement For: 2008 Primary X General Other (specify)		Contribution
Full Name (Last, First, Middle Initial) Candice Miller For Congress			Transaction ID: 16047460 Date of Disbursement
Mailing Address PO Box 182152			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} $
City Shelby Township	State Zip Code MI 48318		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name		011 Category/	500.00
Rep. Candice S. Miller  Office Sought: X House Dis Senate President State: MI District: 10	bursement For: 2008 Primary X General Other (specify)	Туре	Contribution
Full Name (Last, First, Middle Initial) Ryan For Congress			Transaction ID: 16047491 Date of Disbursement
Mailing Address P. O. Box 1919			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & 2 & 0 & 0 & 8 \\ & 2 & 0 & 0 & 8 \end{bmatrix}$
City Janesville	State Zip Code WI 53547		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	250.00
Candidate Name Rep. Paul Ryan		Category/ Type	
Office Sought:  X House Senate President State: WI District: 01	bursement For: 2008 Primary X General Other (specify) ▼		Contribution
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	Bob Etheridge For Congress Committee					M	of Di м		ement	Υ	YYY	Υ
	Mailing Address Post Office Box 28001 PO Box 28001					1 0			7	<u>L</u> .	ž 0 ŏ 8	
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_	State: NC District: 02  Full Name (Last, First, Middle Initial)											
	Walter Jones For Congress Committee (2	2008)							: 160 ement	-	V * V *	V
	Mailing Address PO Box 99667					1 0	IVI /	0	7	Ľ.	2008	3 '
	City Raleigh	State Zip Code NC 27624	_			Amou	int of	Each	Disbu		ent this f	
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	Candidate Name Rep. Walter B. Jones, Jr.		C	ateg Typ	ory/ e							
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	Full Name (Last, First, Middle Initial) Price For Congress Committee					Trans				)4752	22	
	Mailing Address P. O. Box 1986					1 <sup>M</sup> 0	M	<sup>D</sup> 0	7	Υ	ž 0 ŏ 8	3 Y
	City Raleigh	State Zip Code NC 27602				Amou	int of	Each	Disbu		ent this I	
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	Mailing Address	PO Box 1177						<sup>™</sup> 0	M / [	07	Y Ž	0 0 8	Y
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American Hospital Association PAC														
Full Name (Last, First, Middle Initial) Heath Shuler For Congress						Trans		-		16047 nent	'546	i		
Mailing Address PO Box 8446						1 <sup>M</sup> 0	M	/ D	0 7	7 / \	Ž	0 0 8	3 <sup>Y</sup>	
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Mel Watt For Congress Committee						Date of	of Di м				/	V -	V	
Mailing Address PO Box 36831						1 0	IVI	′	0 7		2	0 0 8	3 '	
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Candidate Name Rep. Melvin L. Watt			teg Гур	ory/ e										
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Full Name (Last, First, Middle Initial) Brad Miller For United States Congress						Trans				16047 nent	'550	l		
Mailing Address PO Box 10322						1 <sup>M</sup> 0	M	<sup>/</sup> D	0 7	7 / \	ž	0 ŏ 8	3 <sup>Y</sup>	
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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
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NAME OF COMMITTEE (In Full)  American Hospital Association PAC	and and address of any political con-	
Full Name (Last, First, Middle Initial)		Transaction ID: 16047553
Brady For Congress		Date of Disbursement
Mailing Address P.O. Box 8277		10 7 7 7 2008
City	State Zip Code	Amount of Each Disbursement this Perio
The Woodlands Purpose of Disbursement	TX 77387	2000.00
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Candidate Name Rep. Kevin Brady		ategory/ Type
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State: TX District: 08		
Full Name (Last, First, Middle Initial) Doggett For Us Congress		Transaction ID: 16047562 Date of Disbursement
Mailing Address 1157 San Bernard		10  0  7
City Austin	State Zip Code TX 78702	Amount of Each Disbursement this Perio
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Candidate Name Rep. Lloyd Doggett		ategory/ Type
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Full Name (Last, First, Middle Initial)		Transaction ID: 16047576
Charles A. Gonzalez Congressional Can	npaign	Date of Disbursement
Mailing Address PO Box 12612		10  0 7
City San Antonio	State Zip Code TX 78212	Amount of Each Disbursement this Perio
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Gene Green Congressional Campaign						Date							_
Mailing Address PO Box 16128						1 <sup>M</sup> 0	М	L	0	7 /	2	žοŏ	В
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NAME OF COMMITTEE (In Full)												
American Hospital Association PAC												
Full Name (Last, First, Middle Initial) Al Green For Congress								ion ID		604893	80	
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Mailing Address P.O. Box 20174 Suite 321						1 0			0 7		200	0
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Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign						1		ion IC		604893 nt	12	
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<u>/</u>	Full Name (Last, Fi	•						Transaction ID: 16048933 Date of Disbursement
	Mailing Address	P.O. Box 20174 Suite 321						$\begin{bmatrix}\begin{smallmatrix}M&M&M\\1&0&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&1&0\\1&0\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&0&0&8\\2&0&0&8\end{smallmatrix}\end{bmatrix}$
	City Houston		State TX		Zip Code 77225			Amount of Each Disbursement this Period
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	Rep. Al Green Office Sought:	χ House Senate	Disbursement Prim		2008 X General		уре	Contribution
	State: TX	President District: 09		er (spec				
	Full Name (Last, Fi Texans For Hen	rst, Middle Initial) ry Cuellar Congres	ssional Camp	aign				Transaction ID: 16048934 Date of Disbursement
	Mailing Address	1519 Washingto 2nd Floor Suite 2						$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix} $
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	Contribution  Candidate Name Rep. Henry Cue  Office Sought:  State: TX  Full Name (Last, Fi Chet Edwards F	X House Senate President District: 28 rst, Middle Initial) or Congress	Prim	ary	X General	Cate	egory/	Transaction ID: 16048935 Date of Disbursement  M M M / D D D / Y Y Y O Y S  Amount of Each Disbursement this Period
	Contribution  Candidate Name Rep. Henry Cue Office Sought:  State: TX  Full Name (Last, Fi Chet Edwards F  Mailing Address  City Waco  Purpose of Disburs Contribution	House Senate President District: 28 rst, Middle Initial) or Congress PO Box 23273	Prim Othe	ary	X General cify) ▼	Cate	egory/ /pe	Transaction ID: 16048935 Date of Disbursement
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# SCHEDULE B (FEC Form 3X)

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	Full Name (Last, First, Middle Initial) Pete King For Congress Committee				Trans			_		36					
•		Date of Disbursement    M M													
	Mailing Address Post Office Box 142														
	City Seaford	State Zip Code ford NY 11783							Amount of Each Disbursement this Period						
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	Full Name (Last, First, Middle Initial) Paul Tonko For Congress		Trans Date		on ID:			38							
	Mailing Address 911 Central Avenue PO Box 221				1 <sup>M</sup> 0	М	1	0	Y	ž 0	8 0	Y			
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	Candidate Name Mr. Paul Tonko	Category/ Type		gory/											
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$\rangle$	American Hospital Association PAC								
	Full Name (Last, First, Middle Initial) Paul Tonko For Congress		Transaction ID: 16048939 Date of Disbursement						
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	Candidate Name Rep. Peter Hoekstra			Category/ Type					
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NAME OF COMMITTEE (In Full)										
American Hospital Association PAC										
Full Name (Last, First, Middle Initial) Schiff For Congress		Transaction ID: 16048953 Date of Disbursement								
Mailing Address 777 S. Figueroa St. Suite 4050			10 1	5 7 2008						
City Los Angeles	State Zip Code CA 90017		Amount of Each Disbursement this Period							
Purpose of Disbursement Contribution		011	L	2000.00						
Candidate Name Rep. Adam B. Schiff		Category/ Type								
Office Sought:  X House Senate President State: CA District: 29	ement For: 2008 Primary X General Other (specify)		Contribution							
Full Name (Last, First, Middle Initial) McHenry For Congress			Transaction ID: Date of Disburse							
Mailing Address PO Box 1406			10 M / DO	7 2008						
City Hickory	State Zip Code NC 28603		Amount of Each Disbursement this Period							
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Full Name (Last, First, Middle Initial) Ciro D. Rodriguez for Congress			Transaction ID: Date of Disburse	ment						
Mailing Address P.O. Box 14528			10 0	7 2008						
City San Antonio	State Zip Code TX 78214		Amount of Each I	Disbursement this Period						
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Candidate Name Rep. Ciro D. Rodriguez		Category/ Type								
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